

Foster Family Home - Corrective Action Report

Provider ID: 1-598427

Home Name: Mildred Dacoco, CNA

Review ID: 1-598427-5

1931 Waikaha Place

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 12/13/2018

End Date: 12/13/18

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home visit for a 3 person CCFFH recertification review made on 12/13/18. Home in compliance with all requirements.

Asado, RN
Compliance Manager

Amelano
Primary Care Giver

12/13/18
Date

12/13/18
Date